

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	//					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
20	/					
21	/					
22	5x					
23	2					
24	2					
25	/					
26	/					
27	/					
28	/					
29	/					
30	/					
31	/					
32	/					
33	/					
34	/					
35	/					
36	/					
37	/					
38	/					
39	/					
40	/					
41	/					
42	/					
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	2					
TOTAL IND.	57					
TOTAL DEP.	5					
TOTAL CLAIMS	62					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/	-				
52	/	-				
53	/	-				
54	3	-				
55	/	-				
56	/	-				
57	/	-				
58	/	-				
59	4	-				
60	4	-				
61	/	-				
62	/	-				
63	/	-				
64	3	-				
65	/	-				
66	/	-				
67	/	-				
68	/	-				
69	/	-				
70	/	-				
71	/	-				
72	/	-				
73	3	-				
74	9	-				
75	9	-				
76	0	-				
77	9	-				
78	9	-				
79	11	-				
80	/	-				
81	/	-				
82	/	-				
83	/	-				
84	/	-				
85	/	-				
86	/	-				
87	3	-				
88	/	-				
89	/	-				
90	/	-				
91	/	-				
92	/	-				
93	/	-				
94	/	-				
95	/	-				
96	/	-				
97	/	-				
98	/	1				
99	/	4				
100	/	1				
TOTAL IND.	5					
TOTAL DEP.	5					
TOTAL CLAIMS	62					

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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	(1)					
3	(1)					
4	(1)					
5	(1)					
6	(1)					
7	(1)					
8	(1)					
9	(1)					
10	(1)					
11	(1)					
12	(1)					
13	(1)					
14	(1)					
15	(1)					
16	(1)					
17	(1)					
18	(1)					
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
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59								
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99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								